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GROUP 1600

Date: December 18, 2001

	Name	Fax	Phone
To:	Alana M. Harris, Ph.D. U.S. PTO - Group 1642	703 308 4315	703 306 5880

From:	Rajiv Yadav ryadav@mdbb.com	(213) 680-6499	(213) 680-6678
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Pages (including this cover page):

Subject: Application No. 09/478,977, filed 01/06/2000

Message:

Please deliver to Ms. Harris as soon as possible for an interview. Thank you

*For transmission problems, please call (213) 680-6421***Caution - Confidential**

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In The United States Patent and Trademark Office

In re Application of:

Assignee: University of Southern
California

Inventors: Brooks, et al.

Application No: 09/478,977

Filed: January 6, 2000

For: **METHOD AND
COMPOSITION FOR
ANGIOGENESIS
INHIBITION**

Group Art Unit: 1642

Examiner: A. Harris

Certificate of Mailing Under 37 C.F.R. § 1.8

Pursuant to 37 C.F.R. § 1.8, I hereby certify that this
paper and all enclosures are being deposited with the United States
Postal Service as first class mail on the date indicated below in an
envelope addressed to the Assistant Commissioner for Patents,
Washington, D.C. 20231.

Date: December 5, 2001

Type or Print Name of Person Mailing: Lawrence Barrett



Signature of Person Mailing

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on October 2, 1001, enclosed herewith for filing are the
following:

- ☒ A Response/Amendment [15] page(s)
☐ A Response to Restriction Requirement under 35 USC § 121 [] page(s)
☐ An Amendment Under 37 CFR § 1.111 [] page(s)
☐ An Amendment Under 37 CFR § 1.116 [] page(s)
☐ Other _____ [] page(s)

Also included are:

- ☐ A Petition for Extension of Time [] months [] page(s)
☒ Information Disclosure Statement
[1] page(s) of PTO-1449 [5] copies of IDS citations
☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
☒ Declaration and Power of Attorney

☒ Return Postcard

Fee Calculation						CALCULATIONS
<input type="checkbox"/> The following fees are submitted:						
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	- 20			x \$18.00	x \$9.00	\$
Independent claims	- 3			x \$80.00	x \$40.00	\$
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$
Petition for Extension of Time Fee (___ months)						\$
OTHER FEES: Information Disclosure Statement (specify)						\$180.00
TOTAL FEES =						\$180.00

- ☒ **Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. 50-1192, Docket No. 13761-0727, in the amount of \$180.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1192, Docket No. 13761-0727. *A duplicate copy of this sheet is enclosed.*

DATE: December 5, 2001

Respectfully submitted,

By: Rajiv Yadav, Ph.D., Esq.
Registration No.: 43,999

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